



Application No. (if known): 10/535,623


Attorney Docket No.: 80453(302770)

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Rebecca L. Brimmer

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Registration Number, if applicable

(202) 478-7370

Telephone Number

Note: The following papers are submitted:

Transmittal (1 page)
Fee Transmittal Form (1 page)
Amendment Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment in Response to Non-Final Office Action (7 pages)
Replacement & Annotated Drawings (2 pages)
Change of Correspondence Address (1 page)
Charge \$525.00 to deposit account 04-1105



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| | | | |
|---|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008 | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/535,623-Conf. #7511 |
| TOTAL AMOUNT OF PAYMENT | | Filing Date | December 2, 2005 |
| (\$) | | First Named Inventor | Seijiro Tomita |
| 525.00 | | Examiner Name | Y. Chow |
| | | Art Unit | 2629 |
| | | Attorney Docket No. | 80453(302770) |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>04-1105</u> |
| Deposit Account Name: <u>Edwards Angell Palmer & Dodge</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | |
|---|---------------------|---|--------------------------------------|------------------------------|----------------------------------|------------------------------|
| FEE CALCULATION | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 |
| Design | 210 | 105 | 100 | 50 | 130 | 65 |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 |
| | | | | | | Fees Paid (\$) |
| | | | | | | _____ |
| 2. EXCESS CLAIM FEES | | | | | | Small Entity Fee (\$) |
| Fee Description | | | | | | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 |
| Each independent claim over 3 (including Reissues) | | | | | | 210 |
| Multiple dependent claims | | | | | | 370 |
| | | | | | | 185 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
| <u>6</u> - 20 = _____ | | x _____ | = _____ | | Fee (\$) | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | Fee Paid (\$) | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | |
| <u>1</u> - 3 = _____ | | x _____ | = _____ | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | |
| _____ | - 100 = _____ | /50 = _____ | (round up to a whole number) x _____ | = _____ | | |
| 4. OTHER FEE(S) | | | | | | Fees Paid (\$) |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | |
| Other (e.g., late filing surcharge): <u>2253 Extension for response within third month</u> | | | | | | 525.00 |

| | | | |
|---------------------|-------------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 34,129 |
| Name (Print/Type) | William L. Brooks | Telephone | (202) 478-7370 |
| | | Date | January 24, 2008 |

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PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031
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| | | |
|---|------------------------|------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/535,623-Conf. #7511 |
| | Filing Date | December 2, 2005 |
| | First Named Inventor | Seijiro Tomita |
| | Art Unit | 2629 |
| | Examiner Name | Y. Chow |
| Total Number of Pages in This Submission | Attorney Docket Number | 80453(302770) |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Amendment Transmittal Form |
| <div>Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|-----------------------------------|----------|--------|
| Firm Name | EDWARDS ANGELL PALMER & DODGE LLP | | |
| Signature | | | |
| Printed name | William L. Brooks | | |
| Date | January 24, 2008 | Reg. No. | 34,129 |

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22314.

Dated: January 24, 2008

Signature: (Rebecca L. Brimmer)



| | | | |
|---|---------------------------------|---------------------|-----------------------------|
| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 80453(302770) |
| Application No. 10/535,623-Conf. #7511 | Filing Date December 2, 2005 | Examiner Y. Chow | Art Unit 2629 |

Applicant(s): Seijiro Tomita

Invention: LIGHT SOURCE DEVICE FOR DISPLAY

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|--|---|---|-----------------------------------|------|---------------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 6 | - 20 = | | x | |
| Independent Claims | 1 | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within third month | | | | | 525.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 525.00 |

- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☒ Please charge Deposit Account No. 04-1105 in the amount of \$ 525.00.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

William L. Brooks
William L. Brooks
Attorney/Agent Reg. No.: 34,129

Dated: January 24, 2008

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Boston, MA 02205
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Signature: Rebecca L. Brimmer

(Rebecca L. Brimmer)